
 <p style="text-align: center;">ADMINISTRATIVE POLICIES AND PROCEDURES State of Tennessee Department of Correction</p>	Index #: 113.30	Page 1 of 8
	Effective Date: November 15, 2004	
	Distribution: A	
	Supersedes: 113.30 (12/1/01) PCN 04-74 (11/1/04)	
<p>Approved by: </p> <p>Subject: ACCESS TO HEALTH CARE</p>		

- I. AUTHORITY: TCA 4-3-603, TCA 4-3-606.
- II. PURPOSE: To ensure access to appropriate levels of health care services on a twenty-four (24) hour a day basis to all inmates in the physical custody of the TDOC.
- III. APPLICATION: Wardens, Health Administrators, health care staff, privately managed facilities, and inmates.
- IV. DEFINITIONS:
  - A. First Aid: The administration of emergency assistance prior to the arrival of a health care provider or transportation to a hospital.
  - B. Cardiopulmonary Resuscitation (CPR): The combination of manual artificial respiration and manual artificial circulation that is recommended for use in cases of cardiac arrest.
- V. POLICY: Inmates in the physical custody of the TDOC shall have timely access to the appropriate level of health care on a twenty-four (24) hour a day basis.
- VI. PROCEDURES:
  - A. General:
    1. The warden, in consultation with the health administrator, shall generate a written procedure to ensure that routine and emergency health care services are accessible to all inmates in a timely manner. The procedure shall outline the inmate's access to sick call, dental care, psychological/psychiatric care, and emergency care. Procedures should be clearly defined to ensure that emergency medical, dental, and psychiatric services are provided with efficiency and expediency on a 24-hour basis. This written procedure will be reviewed and subject to approval by the TDOC Director of Health Services or designee.
    2. At the time of admission to the institution, inmates shall receive written and verbal instructions and orientation explaining the availability of and how to access health care services. (See Policy #113.22.)
    3. The warden shall appoint an individual to educate staff to assist disabled inmates with questions, problems, or issues associated with their disabilities. This individual shall be trained in the Department's responsibilities concerning the Americans with Disabilities Act.

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B. Health Orientation:

1. Upon admission to any institution, each inmate shall receive verbal instructions for accessing health care services. This shall be done during the inmate's initial screening. If the inmate cannot speak English, the warden or designee shall provide an interpreter to provide verbal health orientation within five (5) working days.
2. Written instructions concerning access to health care shall also be given to each inmate upon entry into the institution. The instruction may be in the form of an information sheet or may be included in an orientation manual, such as the inmate handbook. These instructions shall include at minimum:
  - a. The location of the clinic at the institution
  - b. Access to and times of sick call
  - c. Access to emergency care
  - d. Procedures for acquiring dental and mental health services.
3. The institution shall provide a staff member to explain access procedures to inmates that are unable to read.
4. Health orientation shall be documented on the Health Screening, CR-2178. (See Policy #113.23.) The inmate shall sign the form indicating that he/she has received instruction on how to obtain health care.
5. Written instructions explaining access to health care services shall be posted in all living areas and shall be in terms that can be understood by all inmates. Interpretation shall be made available for inmates with intellectual deficiencies and/or language barriers.

C. Routine Health Care: Sick call/triage of health complaints shall be in accordance with Policy #113.31.

D. Emergency Care: Institutional policies and/or procedures shall be developed to include the following requirements:

1. Emergency Response Education/Training:
  - a. Cardiopulmonary Resuscitation (CPR): All correctional officers and health services providers shall maintain current certification in CPR. All other TDOC institutional employees are encouraged, but not required, to become certified in CPR.
  - b. First Aid: Correctional officers and other institutional employees designated by the warden shall be certified in first aid.

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- c. Four Minute Response: All institutional staff shall receive training in four-minute response to health related emergencies. The training shall include:
  - (1) Recognition of signs and symptoms of acute medical or mental distress and knowledge of action required in potential emergency situations
  - (2) Methods of obtaining assistance
  - (3) Signs and symptoms of mental illness, retardation, and chemical dependency
  - (4) Procedures for patient transfers to appropriate medical facilities or health care providers.
  - (5) Prevention of blood borne and air borne infection during CPR/first aid assistance.

Documentation of training and certifications shall be maintained by the institutional training officer. The Tennessee Correction Academy offers CPR and first-aid training. Four (4) minute response training is part of the institutional core curriculum training.

- 2. Procedures: The institution shall have a written plan which covers the provision of twenty-four (24) hour emergency medical, dental, and mental health care availability. The plan shall include arrangements for the following:
  - a. On-site emergency first aid and crisis intervention
  - b. Emergency evacuation of the inmates from the facility
  - c. How to contact local emergency responders
  - d. Use of one or more designated hospital emergency rooms or other appropriate health facilities
  - e. Emergency on-call physician, dentist, and mental health professional services when the emergency health facility is not located in a nearby community
  - f. Security procedures that provide for the immediate transfer of inmates when appropriate
  - g. First aid and emergency care for employees, volunteers, and visitors
  - h. Emergency on-call procedures for personnel

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- i. Location of emergency equipment and supplies within the institution, including stretchers and first aid kits/equipment
- j. Scheduled inspection, inventory, replenishment, and maintenance of emergency equipment and supplies
- k. Orientation/training of institutional staff on emergency procedures to include four (4) minute response training.

E. First Aid:

- 1. In the event of sudden illness or injury, first aid shall be rendered by any employee to the extent possible within his/her training and experience.
- 2. Employees certified in cardiopulmonary resuscitation (CPR) are expected to provide assistance in the event of a life-threatening emergency. First aid shall be continued until the arrival of qualified health care personnel. Health care personnel shall take charge and assume responsibility for the emergency upon arrival. They shall direct other employees to assist in the emergency as required.

F. Health Care For Inmates In Segregation/Detention:

- 1. Inmates housed in segregation, detention, or holding units shall not forfeit their right of access to health care and shall receive daily visits seven days per week from health care staff. All inmates shall be assessed in the segregation unit by a health provider within 24 hours after segregation. Each inmate who wishes to be seen shall be evaluated by a health care professional. Evaluation of routine health-related complaints shall be conducted on a daily basis. Health care staff must sign each inmate's Segregation Unit Record Sheet, CR-2857, or a Segregation Unit Record Sheet for Death Sentenced Inmates, CR-3063 to indicate access to health care has been offered to each inmate on a daily basis. The initial assessment and all subsequent encounters where services are provided shall be documented in the inmate's health record.
- 2. Emergencies or urgent health related complaints shall be reported immediately to the health care staff for appropriate evaluation and disposition.
- 3. Examinations and treatment shall be performed in an appropriately equipped room in the unit, when possible. The inmate may be escorted to the clinic or infirmary with appropriate security if required.
- 4. Inmates housed in segregation, detention, or holding units shall receive their daily-prescribed medications.

G. Employee/Volunteer/Visitor First Aid and Emergency Care: First aid and/or life-saving/stabilizing emergency care shall be provided to employees, volunteers, and visitors experiencing acute illness or injury within the institutional property/grounds. When care is rendered to an individual, it is essential that the individual be referred to his/her own

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physician or an emergency room for follow-up care. The health care provider shall carefully document date, time, and location of any care rendered, as well as to whom the individual was referred and legal signature and professional title. (See Policy #113.53. Privately managed facilities will refer to Policy #9113.53 until it is incorporated into #113.53.) The provisions of Policy #113.53 which refer to entries on TOMIS do not apply; however, procedures established Policy #103.02, Incident Reporting, shall be followed.

VII. ACA STANDARDS: 4-4258, 4-4261, 4-4344, 4-4351, 4-4389, 4-4400, 4-4429-1.

VIII. EXPIRATION DATE: November 15, 2007.



**TENNESSEE DEPARTMENT OF CORRECTION  
SEGREGATION UNIT RECORD**

\_\_\_\_\_  
INSTITUTION

INMATE NAME: \_\_\_\_\_ TDOC NUMBER: \_\_\_\_\_ CELL: \_\_\_\_\_

TYPE OF SEGREGATION (Circle One):

ADMINISTRATIVE ☐

MANDATORY ☐

PUNITIVE ☐

PH ☐

PI ☐

DATE RECEIVED: \_\_\_\_\_

DATE RELEASED: \_\_\_\_\_

IF PUNITIVE: CHARGE \_\_\_\_\_

PUNITIVE TIME \_\_\_\_\_

PERTINENT INFORMATION (Examples: Epileptic, Diabetic, Suicidal, Assaultive, etc.) \_\_\_\_\_

DATE	SHIFT	SHIFT OFFICER SIGNATURE	B	D	S	SHO	SHA	TIME EXERCISE	MEDICAL STAFF SIGNATURE	SUPERVISOR SIGNATURE	COMMENTS
SUN	1 <sup>st</sup>										
	2 <sup>nd</sup>										
	3 <sup>rd</sup>										
MON	1 <sup>st</sup>										
	2 <sup>nd</sup>										
	3 <sup>rd</sup>										
TUE	1 <sup>st</sup>										
	2 <sup>nd</sup>										
	3 <sup>rd</sup>										
WED	1 <sup>st</sup>										
	2 <sup>nd</sup>										
	3 <sup>rd</sup>										
THUR	1 <sup>st</sup>										
	2 <sup>nd</sup>										
	3 <sup>rd</sup>										
FRI	1 <sup>st</sup>										
	2 <sup>nd</sup>										
	3 <sup>rd</sup>										
SAT	1 <sup>st</sup>										
	2 <sup>nd</sup>										
	3 <sup>rd</sup>										

Meals/Shower/Shave: Yes (Y)      No (N)      Refused (R)

Exercise: Enter actual time period (i.e., 9:30 IN/10:00 OUT)

Medical Staff: Will sign the segregation log each shift and the record sheet each time the inmate is seen.

DATE	SHIFT	SHIFT OFFICER SIGNATURE	B	D	S	SHO	SHA	TIME EXERCISE	MEDICAL STAFF SIGNATURE	SUPERVISOR SIGNATURE	COMMENTS
SUN	1 <sup>st</sup>										
	2 <sup>nd</sup>										
	3 <sup>rd</sup>										
MON	1 <sup>st</sup>										
	2 <sup>nd</sup>										
	3 <sup>rd</sup>										
TUE	1 <sup>st</sup>										
	2 <sup>nd</sup>										
	3 <sup>rd</sup>										
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	2 <sup>nd</sup>										
	3 <sup>rd</sup>										

Meals/Shower/Shave: Yes (Y)      No (N)      Refused (R)

Exercise: Enter actual time period (i.e., 9:30 IN/10:00 OUT)

Medical Staff: Will sign the segregation log each shift and the record sheet each time the inmate is seen.

REMARKS:

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TENNESSEE DEPARTMENT OF CORRECTION  
HEALTH QUESTIONNAIRE

NAME: \_\_\_\_\_ NUMBER \_\_\_\_\_ DOB \_\_\_\_\_  
Last First Middle

RECEIVING INSTITUTION: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_ TIME: \_\_\_\_\_ a.m.  
p.m.

INITIAL INTAKE: \_\_\_\_\_ TEMPORARY TRANSFER: \_\_\_\_\_ PERMANENT TRANSFER: \_\_\_\_\_

**INQUIRE INTO:**

1. Have you ever had a positive TB test? ☐ Yes ☐ No If **yes**, describe \_\_\_\_\_
2. Are you being treated for any illness or health problem (*including dental, venereal disease, or other infectious diseases*)?  
\_\_\_\_\_ Yes \_\_\_\_\_ No If **yes**, describe: \_\_\_\_\_
3. Do you have any physical, mental or dental complaints at this time? ☐ Yes ☐ No  
If **yes**, describe: \_\_\_\_\_
4. Are you currently taking any medication(s)? ☐ Yes ☐ No  
If **yes**, was the medication transferred with the inmate? ☐ Yes ☐ No (*requires visual verification*)
5. Have you recently or in the past, used alcohol or other drugs? ☐ Yes ☐ No  
If **yes**, describe: (what used, how much, how often, date of last use, any problems) \_\_\_\_\_
6. Have you ever been hospitalized for using alcohol or other drugs? ☐ Yes ☐ No  
If **yes**, When: \_\_\_\_\_
7. Do you have any allergies? ☐ Yes ☐ No If **yes**, describe: \_\_\_\_\_
8. (**For women**)  
a) LMP ☐ b) Are you pregnant? ☐ Yes ☐ No Number of months \_\_\_\_\_  
c) Have you recently delivered? ☐ Yes ☐ No Date: \_\_\_\_\_  
d) Are you on birth control pills? ☐ Yes ☐ No e) Any gynecological problems? If **yes** describe: \_\_\_\_\_

**OBSERVE:**

1. Behavior (including state of awareness, mental status, appearance, conduct, tremor and sweating):  
☐ Normal ☐ Abnormal If **abnormal**, describe: \_\_\_\_\_
2. Body deformities, condition of skin (*including needle marks, trauma markings, bruises, lesions, jaundice, rashes, tattoos, and infestation(s)*) ☐ Yes ☐ No  
If **yes**, describe: \_\_\_\_\_
3. Evidence of Abuse and/or Trauma? ☐ Yes ☐ No



**MENTAL HEALTH:**

1. Is the inmate presenting behavior(s) that are considered:  
☐ Anxious      ☐ Antagonistic/Hostile      ☐ Hallucinations  
☐ Withdrawn/Avoidant      ☐ Depressed/Hopeless
2. Is the inmate presenting disorganized thought? (*Unable to track questions and/or present responses in logical or connected manner*)      ☐ Yes      ☐ No
3. Have you ever been in a mental hospital?      ☐ Yes      ☐ No  
If yes, when: \_\_\_\_\_ How often? \_\_\_\_\_  
Have you ever been treated for mental health or substance abuse?      ☐ Yes      ☐ No      **MH or A&D (circle one)**  
Have you ever attempted to kill yourself?      ☐ Yes      ☐ No  
If yes, When: \_\_\_\_\_ How? \_\_\_\_\_ How many times? \_\_\_\_\_  
Are you thinking about suicide now?      ☐ Yes      ☐ No  
Has a parent, other family member, or close friend committed suicide?      ☐ Yes      ☐ No  
If yes, Who? \_\_\_\_\_
4. Do you have a history or past or current head trauma?      ☐ Yes      ☐ No  
If yes, explain type of injury: \_\_\_\_\_  
\_\_\_\_\_
5. As an adult or child, have you personally experienced being:  
☐ Sexually abused      ☐ Physically abused      ☐ Emotionally abused  
If yes, explain: \_\_\_\_\_  
\_\_\_\_\_

**DISPOSITION:**

\_\_\_\_\_ Intake housing      \_\_\_\_\_ Intake housing with prompt referral appointment  
\_\_\_\_\_ General housing      \_\_\_\_\_ General housing with prompt/appropriate referral appointment  
\_\_\_\_\_ Referred to appropriate health or mental health services provider due to emergency.

**ADDITIONAL COMMENTS ON PROGRESS NOTES - (CR-1884):**

☐ Yes      ☐ No

\_\_\_\_\_  
Employee Signature and Title

I have received a copy of the Tennessee Department of Correction and/or Institutional - Inmate Rules and Regulations handbook regarding the procedure for obtaining routine and emergency health care (*medical, dental, substance abuse, and/or mental health, and co-pay requirements*). These have been explained to me and I understand how to access healthcare services.

\_\_\_\_\_  
Inmate Signature